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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 13432US05	
		First Inventor Behzad	
		Title GIGABIT ETHERNET TRANSCEIVER WITH ANALOG FRONT END	
		Express Mail Label No. EL 848970448 US	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>25</u>] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>28</u>] 5. Oath or Declaration [Total Sheets <u>13</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment Return Receipt Postcard (MPEP 503) 14. <input checked="" type="checkbox"/> <i>(Should be specifically itemized)</i> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> <i>(if foreign priority is claimed)</i> Nonpublication Request under 35 U.S.C. 122(b) 16. <input type="checkbox"/> (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/282,888

Prior application information: Examiner: H. Choe Art Unit: 2817

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: <u>23446</u>		OR <input type="checkbox"/> Correspondence address below	
Name _____			
Address _____			
City _____	State _____	Zip Code _____	
Country _____	Telephone _____	Fax _____	
Name (Print/type) <u>John A. Wiberg</u>		Registration No. (Attorney/Agent) <u>44,401</u>	
Signature <u>[Signature]</u>		Date <u>October 28, 2003</u>	

17858 U.S. PTO

10/695102




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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2004</h2> <p style="text-align: center;">Patent Fees are subject to annual revision.</p>		Complete if Known	
		Application Number	unassigned
		Filing Date	herewith
		First Named Inventor	Behzad
		Examiner Name	H. Choe
Group Art Unit		2817	
TOTAL AMOUNT OF PAYMENT		(\$) 770.00	
Attorney Docket No.		13432US05	

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 13-0017</p> <p>Deposit Account Name: McAndrews Held & Malloy</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John A. Wiberg	Registration No. (Attorney or Agent)	44,401
Signature		Telephone	312 775 8000
		Date	October 28, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.